

Barnes Bulletin

Diagnostic labs receive CAP accreditation

The central diagnostic laboratories at Barnes have been awarded two-year accreditation by the Commission on Laboratory Accreditation of the College of American Pathologists (CAP), based on results of a recent on-site inspection.

The laboratories' staff was praised by the commission for the "excellence of services you are providing patients and their physicians." The computerized laboratories, which employ approximately 350 people in eight major areas, process over 1.5 million tests each year and comprise one of the largest centralized hospital diagnostic facilities in the country.

CAP examines the records and quality control of the laboratory for the preceding two years, as well as the education and qualifications of the total staff and the adequacy of the facilities, equipment, laboratory safety and management to determine how well the facility is serving its patients.

Barnes publications net two statewide awards

Barnes 1982 *Annual Report* and *Barnes Health News*, the hospital's quarterly magazine, walked away with two first place awards from the Missouri Association for Hospital Public Relations during its yearly Muleshoe competition. The awards were presented at the annual MHA convention November 2-4.

The four-color annual report was praised by the judges for its "conciseness," clarity of purpose and "exceptional" photography. The quarterly magazine, which netted 46.1 points out of a possible 50, was commended for its "excellent content," "fine appearance" and professionalism. The judges also praised the magazine for including "articles that give pertinent health facts to readers, rather than strictly hospital news" and its "light touch."

United Way donations represent 4.3% increase

Employee donations to the 1983 Barnes Hospital United Way campaign total \$89,349 and represent a 4.3 percent increase over the amount garnered in 1982, according to Jim Hubbard, assistant administrator and United Way co-chairman.

The amount collected during this year's drive, which concluded last month, fell less than 1 percent short of the hospital's \$90,000 goal. Last year's drive resulted in \$85,662 in donations. For the St. Louis area, United Way donations totaled \$30,050,307, a record 11.1 percent over the amount raised in 1982. The 1983 goal had been set at \$29.1 million. The funds raised during the annual campaign support 110 private, not-for-profit health and social welfare agencies.

Front cover: A traditional tree aglow with Christmas magic and splendor welcomes the holiday season. (For more information about the origins of the Christmas tree tradition, seasonal health tips for allergy sufferers and yuletide safety precautions, see this month's centerspread.)

Barnes Hospital, St. Louis, Missouri, December, 1983, Volume XXXVII, Number 12



CIC director Sally Hermann

Cancer Information Center is valuable resource

The diagnosis of cancer can be a traumatic event for both patients and family members. Often, questions and concerns about the disease and the emotions involved surface far from the doctor's office or hospital.

While trying to cope with the realities of cancer, those most critically involved are anxious for more knowledge, yet hesitant to "bother" their doctors. The search for information can be a laborious process, fraught with numerous trips and phone calls to various cancer agencies and support groups.

Since 1977, a centralized cancer resource area has been provided here for patients, family members, doctors, nurses and the general public that is stocked with literature and audiovisual aids dealing with all aspects and types of cancer.

Called the Cancer Information Center, it was originally started by Dr. Carlos Perez, Barnes radiation therapist-in-chief and director of the Mallinckrodt Institute of Radiology's division of radiation oncology.

Today, the center is headed by volunteer Sally Hermann, one of the original staff members, and 12 other volunteers, many of whom have waged personal battles with cancer. The first such facility in the country, the CIC has served as the prototype for similar centers throughout the United States and in Brazil and Taiwan.

Services available to visitors in the CIC include written information from agencies and groups such as the American Cancer Society, American Cancer Institute, Ostomy Club, New Voice (for laryngectomy patients), Reach to Recovery, Share, plus medical journals, published personal stories and others.

Videotapes are also available and can be viewed either in the CIC or in a patient's room at Barnes.

Topics for both the written and audiovisual materials include diagnosis, treatment options, nutrition, living and coping with cancer, communication for the family and hospices.

The center also hosts a public library section and offers paperback books at cost. A mailing service handles all call-in requests for information.

Information is also available on selecting and purchasing wigs (treatment often causes hair loss), and breast prosthesis are available for demonstrations. Donated wigs are given to those who can't afford to buy them.

One of the most important aspects of the center, however, is the concern and empathy of its staff members. "We listen," said Mrs. Hermann. "And, we help find answers—we'll even contact the physician referral office at Barnes to help make getting a second opinion easier."

Staff members will not diagnose or give advice, however, according to Mrs. Hermann. A hotline gives visitors direct access to medical staff in the oncology department so that technical questions can be answered without delay.

The CIC is currently open from 10 a.m. to 2 p.m., Monday through Saturday, and is housed temporarily in Barnes surgical waiting suite, which is located off the main East/West Pavilion lobby. New quarters are under construction adjacent to the center's original site in the Barnard corridor, first floor of Barnes.

The new office, which should be in service next month, will provide a more comfortable environment for visitors and will have capacity for a greater amount of information. A separate area has been included in the new design to provide medical textbooks, journals, videotapes of cancer workshops and other professional-level materials for the hospital's medical and nursing staff.

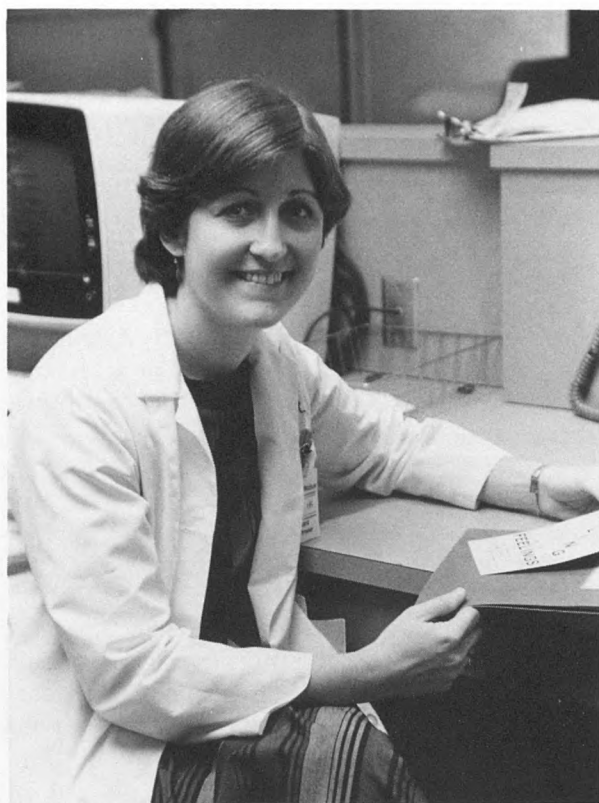
Mrs. Hermann is hoping to expand the center's hours to 9 a.m. to 4 p.m., Monday through Saturday, by increasing the staff from 12 to 20 volunteers. For more information about the center, call (314) 362-3945, or the volunteer office at (314) 362-5326.

Volunteer reception honors hours of service

Invitations have already been mailed for the 1983 Volunteer Reception that begins at 5 p.m., December 9, in the Queeny Tower Restaurant. The annual reception is hosted by the hospital's directors and administrators to honor Barnes volunteers for their many hours of dedicated service and support, said Deborah Bobinette, director of volunteers.

In 1983, the hospital's junior, college and adult volunteers have amassed over 55,000 hours of service in such areas as admitting, dispatch, the Wishing Well Gift and Flower Shops, nursing and the highly successful patient representative program.

Adult volunteers have contributed over 42,000 hours of service this year, followed by the JVs with 11,000 and college volunteers with more than 1,700 hours of service.



Burn Center social worker Sara Schmeer

Burn patients form support, volunteer group

Few people would dispute the fact that suffering major burns is a traumatic experience. Yet, few realize that for many burn patients, the hardest struggle comes after discharge from the hospital, when the physical fight for life is over and the emotional adjustment begins.

Feelings of isolation and despair are common.

At Barnes, the emotional healing process is aided by two groups initiated recently by Burn Center social worker Sara Schmeer—Dealing With Feelings and Caring By Sharing.

Dealing With Feelings is a support group for both burn patients and their families which meets at 7:30 p.m., the third Thursday of the month in the Barnes Burn Center conference room, fourth floor, West Pavilion.

The focus of the meetings is centered on recovery and the sharing of common problems such as constant itching (grafted skin, while lifesaving, is dry and taut) or how to deal with the strange looks or rude remarks of passersby who are startled or frightened by the burn patient's often severe scarring.

"This group is the most important part of my life now," said Norma Stern, who suffered third degree burns over most of her body in a factory fire two years ago and was a patient in the center for six weeks. "Knowing that I'm not alone is what gives me strength."

"The real beauty of the group is that I didn't realize that some of the aftereffects were still there," said Father Robert Jovanovic, a Burn Center veteran who was severely burned in a boating accident. "I had been shelving many of the feelings and to say, 'Yes, the feelings are here' and to share simple things—like how my skin still itches after three years—helps me face the reality of the situation and to feel better about it."

Caring By Sharing, on the other hand, is an outgrowth of the original support group. Members become hospital volunteers, and, as trained representatives of Barnes, they visit with burn patients and their families, sharing their common experiences and offering support and living proof that "there is life after being burned."

"A lot of time burn patients feel as if the nurses are giving them a line," said Dennis Bello, a 30-

year old roofer who was injured on the job when a bucket of 550° hot tar splashed onto his arms. "I don't think you can know what's going on inside someone if you haven't experienced it yourself. It helps them [burn patients] a lot if we can explain what's going on. We know how they're feeling."

"There are many things a patient won't tell his nurse," agreed Bev Weber, Burn Center head nurse. "Having an objective, non-professional person who's been there, and who's made it, is really helpful. Too often, patients are afraid that their nurses are somehow 'protecting' them from the seriousness of their injury—that they really are going to die, when in fact, they're not."

As volunteers, Caring By Sharing members will also talk with burn patients on the telephone. "I recently had a call from a woman who was burned seven years ago," said Mrs. Stern, "and she was still suffering with the mental scars that we all have."

The trauma that families undergo is not forgotten by the two groups, said Mrs. Stern. "Another call I recently received was from the mother of a young burn patient, whose depression and feelings of hopelessness were really frightening his family. After we talked for awhile, she told me that 'even if I can't help him, just talking to you has helped me.'"

In addition to the volunteer program, the support group also hopes to embark on an educational campaign aimed at increasing the public's awareness of fire prevention and safety, and on the burn patient's experience. "People say the dumbest things," said Mrs. Stern, who tells of one member who was asked to leave a store because the manager thought his appearance was disturbing to customers. "They need to be educated on why someone who's been burned looks the way he does and how to treat such people with sensitivity."

For more information, call Mrs. Schmeer, the groups' coordinator and facilitator, at 362-1025.

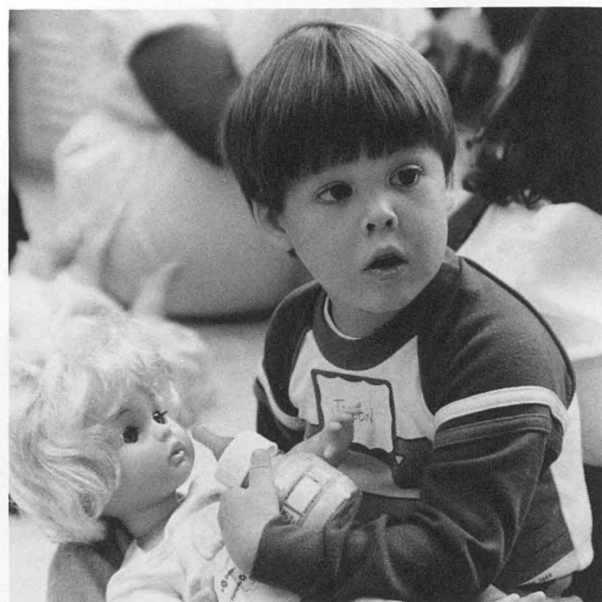
Dietetic intern program celebrates 65th year

The 65th class of Barnes Hospital's highly successful and innovative dietetic internship program graduated in ceremonies held December 2 in the Nurses Residence Hall. The seven interns join the ranks of 787 other graduates of the 10-month program, which was established in 1918 and is one of the oldest in the country.

Sharon Briel, Kathy Callaghan, Kim Conley, Ardith Friday, Carolyn Gaydos, Jane D'Hooge and Jana Schrag have all completed the program requirements and are eligible to take the national exam administered by the American Dietetics Association to become registered dietitians. Barnes' training program boasts of over a 99 percent success rate in passing the exam on the first attempt.

Students are accepted into the program after completing their undergraduate degrees in dietetics or foods and nutrition. Only seven interns are selected out of the 90 to 140 applications received for each class.

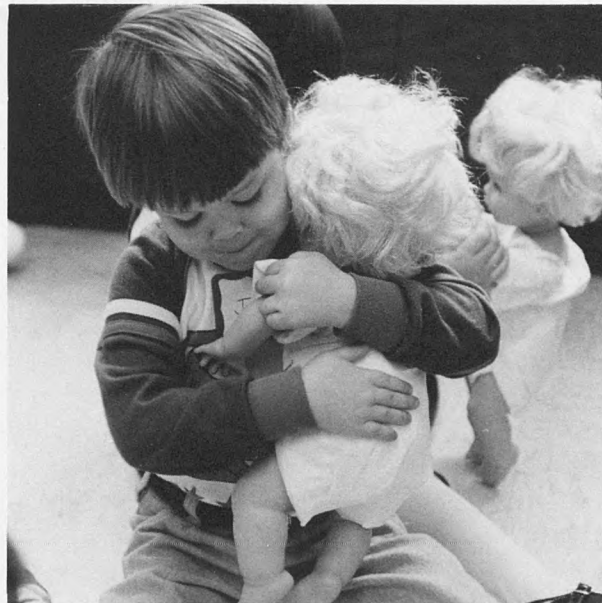
Barnes internship program provides job experience in all aspects of dietetics, including patient nutrition, food service and community dietetics. Their responsibilities range from assessing a patient's nutritional needs and planning his nutritional therapy to leading group nutrition classes on patient floors, and from managing food production in the hospital's main kitchen to participating in community health fairs.



Jason Shaw listens carefully to clinical director Pam Lesser's feeding instructions during a November 11 sibling preparation class. . . .



. . . then he tries his hand at "feeding" . . .



. . . and burping.

Sibling preparation class aids family togetherness

"I'm Important, Too!" is the title of a sibling preparation program for expectant or adoptive parents and their children that is being held from 10 to 11:30 a.m., December 12 at Barnes. The program, held the second Monday of each month, helps prepare older brothers and sisters for their family's new arrival and teaches parents ways to make the transition smoother for the entire family.

Instructors from DET, nursing and social work teach the class, which includes practice in basic infant care and a trip to Barnes nurseries for the children and a separate discussion group for the parents. Cost for the course is \$5. Registration is required, but is not limited to Barnes patients. For more information, contact Susan Zollmann, program coordinator, at 362-1443.

Nursing school presents ethical dilemmas seminar

The Level II medical-surgical department of the Barnes School of Nursing is presenting a seminar on ethical dilemmas in health care from 9:30 a.m. to 12:30 p.m., December 12, in the East Pavilion Auditorium.

A panel headed by representatives from the medical staff, social work, nursing, the hospital's law firm and the Health, Administration and Planning master's degree program at the Washington University School of Medicine will review and discuss individual case studies in nursing ethics such as no-code policies and Baby Doe laws. The seminar is open to the public as well as to members of the medical center staff.

"The seminar will help nurses differentiate between decisions that are ethical in nature as opposed to those that are legal, psychological or social in nature," said V.J. Dickson, coordinator. "There are no absolute answers, but there are resource people that nurses can turn to when faced with an ethical dilemma such as the lack of a no-code order versus the family's expressed desire for a no-code."

Approximately 46 nursing students attended a similar conference held October 14. Guest speakers included Dr. Marc Smith of WUMS' Health, Administration and Planning program; Dr. Mark E. Frisse, formerly Barnes chief resident in medicine and now a Barnes/WU physician; Anne Harter, social worker; Helen Garrett, head nurse on the general surgery floor, and attorney Ray Fournie from the firm of Shepherd, Sandberg & Phoenix.

"The seminar really stimulated my thinking and brought a lot of aspects of nursing into focus that I hadn't realized the importance of during two years of school," said Elizabeth Joelnier, a November graduate of the School of Nursing. "We discussed the legal rights of both patients and nurses and the importance of documentation of verbal orders and other things that I hadn't really considered before."

When faced with an ethical decision in health care, there is no right or wrong answer, but rather an individual judgment, according to Ms. Dickson. "Yet, nurses' personal beliefs have to be weighed and balanced by what the law dictates," she added. "It's important for them to know just what the law is in a given circumstance."

Hospital notes

The following assistant pediatricians are reported on staff, effective July 1, 1983: Drs. **Bonnie J. Aust**; **Eyla Boies**; **Juanita Polito-Colvin**; **Joseph G. Gibbons**; **Joseph K. Goldenberg**; **Robert McMullan Kennedy**; **Thomas C. Martin**; **J. Keith McKelvey**; **Jeffrey M. Perlman**; **Karen L. Remley**; **Sherida E. Tollefsen**, and **V. Matti Vehas-kari**.

Charlene Bancroft, public relations assistant director, was a guest lecturer November 11 at Columbia College in St. Louis.

Max Poll, Barnes executive vice-president, has been named to the State Advisory Council on Emergency Medical Services for a three-year term.

Mary Jane Meyer, Barnes School of Nursing director, was a guest speaker at a forum titled "Nursing Education: A Leading Force For Health" presented during the 1983 Convention of the Missouri Nurses Association held October 2-5 at the Marriott Pavilion in downtown St. Louis.



Top honorees Willia Crenshaw and Bernice McDaniel pose after receiving diamond-studded pins for their 30 years of service. (Not pictured: 30-year honoree Marie Graves.)



Good food, good drink and good friends made the Nov. 11 service awards dinner a fun-filled success.

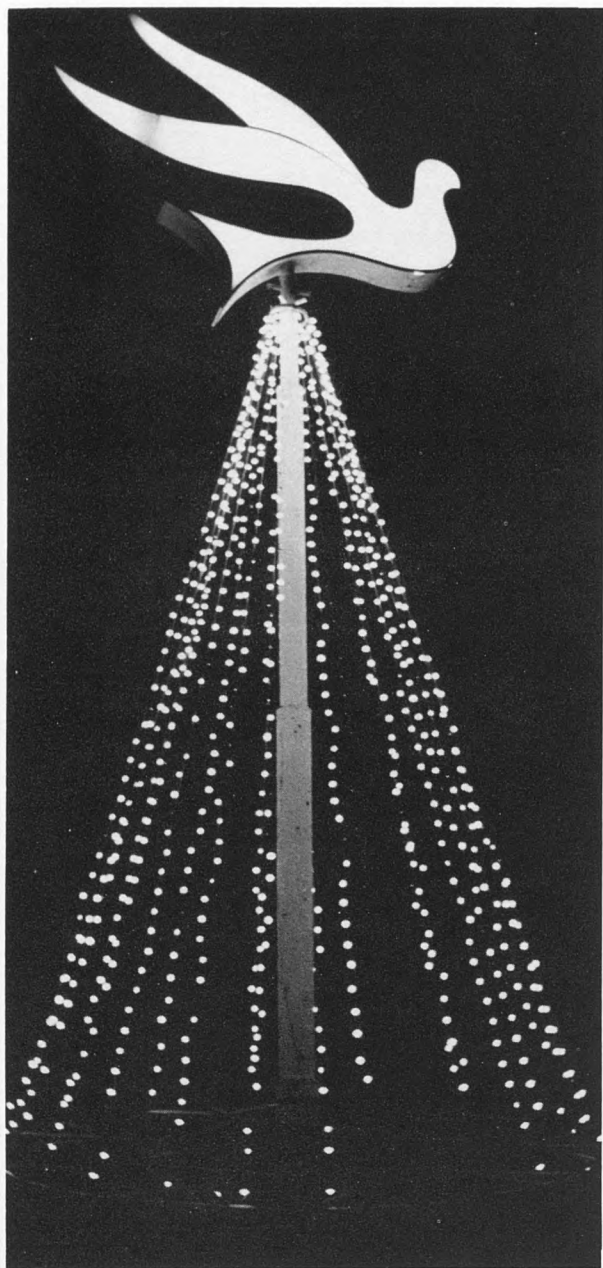
SERVICE AWARDS



25-year attendees



20-year attendees



The ultimate in a non-allergic tree may be no tree at all. Asthmatics and allergy sufferers may do well to leave their holiday decorations outside, as even artificial greenery can be a haven for dust, resulting in coughing and sneezing attacks.

O Tannenbaum

*O Christmas tree! Fair Christmas tree!
A type of life eternal!
O Christmas tree! Fair Christmas tree!
Your boughs are ever vernal.
So fresh and green in summer heat,
And bright when snows lie round your feet.
O Christmas tree! Fair Christmas tree!
A type of life eternal!*

—old German folksong

Decked with sparkling lights, glittering ornaments, shiny tinsel and a myriad of other beads, baubles and balls, and laden underneath with gifts, the Christmas tree has come to symbolize the joy, peace and radiant warmth of the holiday season for millions of Americans.

Legends depicting the tradition's origin abound, with the most popular being a touching tale involving the noted Christian theologian and reformer, Martin Luther. According to German folklore, Luther was strolling home on a starry, wintry Christmas Eve, when he was struck with the splendor of the evening and the meaning of the impending holy day.

Taken with the beauty of the moment, Luther chopped down an evergreen and brought it

home to his children, where, decorated with lit candles, he shared the radiance of the night with his family.

Through the years, the tree gradually became symbolic of humanity, with the candles that managed to remain upright representing good men, while those that toppled over representing evil men. In keeping with this vein of thought, a star or figurine of a young child was then placed on top, signifying the star of Bethlehem and the birth of Jesus Christ.

Other legends point to an earlier German theologian, St. Boniface, as the originator of the Christmas tree. Frustrated by the local tribes' continued worship of a pagan god, a sacred oak tree, St. Boniface chopped the offensive oak down and replaced it with a transplanted evergreen. So taken were the natives with St. Boniface's power against their ancient god, that they soon converted to Christianity.

Some medieval scholars believe that the Christmas tree is actually a remnant of the traditional "Tree of Life" depicted in annual Paradise plays, which were sponsored by the Church authorities as part of the worship service to help brighten the



Choosing a tree at one of Missouri's tree farms can help recapture the spirit of yesterday's Christmases.

aum!

lives of believers during the oppressive Dark Ages. While this type of play was originally held in conjunction with the Easter celebration, some historians contend that the Church gradually moved the Paradise Play indoors to help counteract the annual pagan winter festivities.

During the Paradise Play, the "Tree of Life," often a cedar or other evergreen, was decorated with apples and sacramental wafers that represented the fruits of both destruction and salvation. Gradually, as the symbolism faded and the secularism of the season increased, the wafers were replaced by cookies and treats cut in fanciful shapes for the children.

Still other theories support the view that the Christmas tree, as with many other Yuletide traditions, was born out of a complex interweaving of pagan traditions and Christian values and symbolism that began during the fourth century. Pagan fascination with evergreens as the symbols of life and fertility dates back to the early Egyptians, while ancient Chinese, Hindu, Norse and Assyrian writing and art all describe worship and ceremonies surrounding the plants and seasons to which the people's livelihood was so inexplicably tied. Many of these early celebrations bear a remarkable resemblance to present day Christmas traditions, as well as the Jewish Hanukkah, with only the ultimate meaning changed.

Regardless of anyone's personal belief, the Christmas tree is undoubtedly a German custom, with the first written record of such a tree dating to 1604 in Strassburg. The Christmas tree was brought to France in 1837 with Princess Helen of Mecklenburg's marriage to the Duke of Orleans, and soon became popular in England as well, thanks to Prince Albert of Saxony and Queen Victoria, who adopted the quaint tradition for their children's enjoyment in 1844.

German soldiers fighting for England's King George, III, against the colonists brought the Christmas tree to America during the Revolution. One of the most famous legends concerning the Christmas tree traces its roots to this period, when General George Washington crossed the Delaware River and led a successful ambush of the German forces, who were said to have imbibed too much ale after decorating their camp's tree.

Although German settlers kept the Christmas tree tradition alive following the Revolution, the tree didn't get official recognition until 1856, when President Franklin Pierce decorated one for the White House. The first national tree wasn't dedicated until 1923, when Calvin and Grace Coolidge had one set up on the White House lawn. Since that time, community trees and displays have become revered traditions in major metropolitan areas and small towns alike. In St. Louis for example, the city's downtown shopping area and riverfront are noted for their yearly decorations, while many county residents enjoy displays and tree lighting ceremonies at area shopping malls like Plaza Frontenac and Northwest Plaza.

Modern day entrepreneurs have turned the aura and magic surrounding the Christmas tree into a multimillion dollar business. The National Christmas Tree Association estimates that Americans will buy approximately 31 million trees this year to a tune of over \$600 million. Of this number, approximately 250,000 to 300,000 will be grown in Missouri.

For every tree harvested, three seedlings will be planted this spring on Christmas tree plantations located primarily throughout the Pacific Northwest and the Great Lakes States. It takes from eight to 12 years for a seedling to mature enough for harvesting, depending upon the species and location.

While Norman Rockwell's homey depictions of chopping down the family tree still hold a fond fascination for many, very few trees are chosen this way today. Modern day "Luthers" are more apt to pick up their tree, very likely a plastic one, at the neighborhood grocery store or church parking lot. The ease and convenience of artificial trees are making them ever popular choices, although purists would argue that an artificial tree lacks the necessary ambiance. From a health standpoint, however, an artificial tree may be a smart investment.

While being allergic to Christmas trees and other holiday evergreens is a relatively rare condition, asthmatics and others who start sneezing, wheezing or coughing while kissing under the mistletoe or hanging the family holly wreath should consider buying artificial greenery, according to Dr. H. James Wedner, Barnes/WU immunologist.

"Problems with allergies aren't caused by the tree, but by the mold, bacteria and dust associated with it," said Dr. Wedner. "What happens is that people cut a tree down, stick it in a bucket of water and then keep it in a nice, warm place for three to four weeks. Subsequently, they've got a sump that is perfect for mold growth and decaying plant material for food."

Add to this the dust accumulating on the tree's creche, toy train, presents and ornaments, and the allergy sufferer is heading for an attack, said Dr. Wedner. "If someone with known sensitivity is desperate to have a real, live tree, they should change the water and wash off the base of the tree trunk daily to prevent mold growth, and then leave it up for as short a time as their religious beliefs or Christmas customs will allow," Dr. Wedner said. Chemicals added to the water to promote longevity may also help cut down on unwanted growth, he added.

Another caution for those determined to buy a real tree, would be to avoid any of the pine species, said Dr. Anthony Kulczycki, Barnes/WU immunologist. "Studies have shown that the pine odor can be an irritant for asthmatics and other highly sensitive individuals," said Dr. Kulczycki. "Although it's not a common problem, a few people can get into a wheezing attack."

While most pollens are not in the air during cold weather and most molds are covered up by snow or ice, a decaying tree or other evergreen brought indoors for the holidays, and a smoky fire stoked up for Christmas Eve are particular pitfalls that allergy sufferers should be wary of, said Dr. Kulczycki.

Those who opt for an artificial tree but then try to bring nature indoors through the use of artificial snow or cedar scent may also be doing their respiratory tracts a disfavor, according to Dr. Wedner. "A hypersensitive person may have trouble with the propellants and the chemicals that are used to make the product stick on the tree," said Dr. Wedner. "For asthmatics in par-

ticular, it is not really so much an allergy problem as it is a problem of having hyperactive airways."

Allergies and special sensitivities aside, another serious health problem associated with holiday evergreens and plants is the risk of accidental poisoning, according to Dr. Wedner. "The berries from the holly and mistletoe, as well as the Poinsettia's leaves, can be very toxic," he said. "I think anyone who has a young child should exercise caution when planning the family's decorations."

One of the biggest health hazards associated with Christmas trees and many other festive decorations, however, is the threat of fire. A dry tree, faulty or worn light strings and overloaded circuits are common Yuletide fire risks, according to Ed Thurman, Barnes safety director.

"Never buy an artificial tree that isn't marked 'flame resistant' or lights that don't carry the UL label," said Mr. Thurman. "The Underwriter's Laboratory label means that the product meets the highest standards for safety. Non-UL approved lights may be cheaper, but they're also more dangerous."

Keeping the tree lights turned off when going to bed or when leaving for the evening can also help reduce the risk of accidental fire, according to Mr. Thurman. Never string electric lights on a metal tree. Checking the tree near the lights and changing the lights' positions if needles are turning brown is an added precaution.

Natural trees will stay fresh longer if they're kept outside until ready to decorate and if water is kept in the stand. Keeping the tree away from a source of heat, like a radiator, fireplace or heater, and checking for signs of excessive dryness like brittle or brown needles can also help insure a safe and merry Christmas.

*O Christmas tree! Fair Christmas tree!
With happiness we greet you.
When decked with candles once a year,
You fill our hearts with Christmas cheer.
O Christmas tree! Fair Christmas tree!
With happiness we greet you.*

—modern version



Only non-flammable, artificial trees and safety-approved lights deck the halls of Barnes Hospital.

Media spotlight

As a national leader in patient care and medical research, Barnes serves as an information resource center. In 1983, more than 900 queries from broadcast and print media representatives were made to the hospital requesting that Barnes medical and professional staff elucidate current health care concerns and discoveries. Highlights of the media's coverage of Barnes during the last month include:

Television

A five-part series on heart disease and current diagnostic techniques in cardiology and cardiothoracic surgery aired last month on local stations in Jefferson City and Springfield, Missouri. Drs. **Edward M. Geltman**, Barnes/WU cardiologist and medical director of the hospital's cardiac diagnostic lab and **James L. Cox**, Barnes cardiothoracic surgeon-in-chief and head of the WUMS division of cardiothoracic surgery, discussed state-of-the-art treatment in their specialties. The segments, which were produced at Barnes, ran during the stations' newscasts.

KMOX medical and science editor Al Wiman's series, "Cancer Winners," aired November 14-18. Barnes/WU Drs. **Andrew E. Galakatos**, gynecologist; **Jay M. Marion**, oncologist; **John M. Bedwinek**, radiation oncologist; **Donald G. Sessions**, otolaryngologist; **Ira J. Kodner**, colon and rectal surgeon, and oncology nurse specialist **Paula Goldberg** were interviewed for the series, which discussed cancer success stories.

Recently released studies on the necessity of treatment for mild hypertension and the effects on the heart of cigar or pipe smoking versus cigarette smoking were discussed by Dr. **Edward M. Geltman** and Dr. **Allan S. Jaffe**, Barnes cardiac care unit director. Medical reporter Kathryn Pratt conducted the interviews to give a local angle to the American Heart Association's annual convention November 14-18 in Anaheim, California, where the papers were being presented.

The November 15 newscast on KMOX featured an Al Wiman segment on Barnes' new communications system, the computerized Dimension 2000 from AT&T. Telecommunications director **Michael S. McCoy** was interviewed for the story.

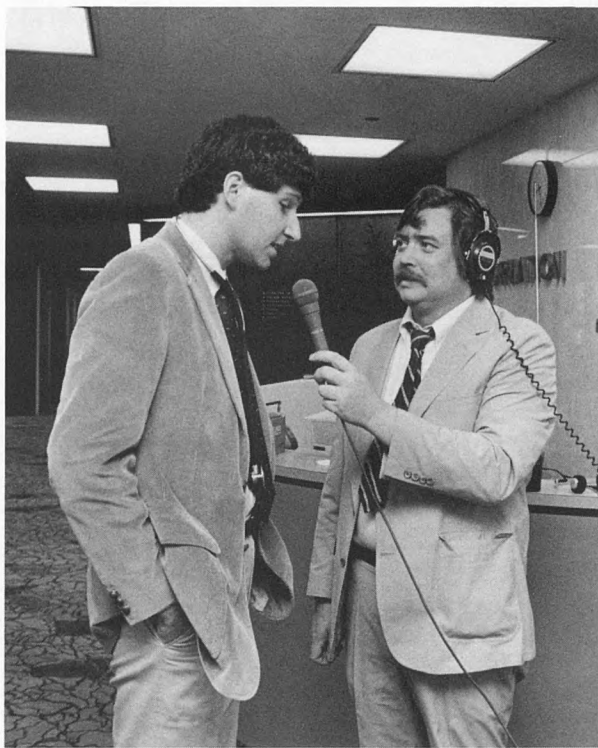
Nursing clinical director **Jim McDaniel** and Barnes/WU Drs. **Gregorio A. Sicard**, general surgeon, and **Barbel Holtmann**, plastic surgeon, were interviewed for the KTVI series, "Blood Lines," that aired October 31-November 4. Mr. McDaniel and Dr. Sicard discussed the cell saver, equipment that enables the blood normally lost during major surgery to be cleansed and then transfused back into the patient, thus reducing the amount of donor blood required and the subsequent risks of transfusion reactions and hepatitis. Dr. Holtmann discussed the use of autotransfusion, in which a patient's donated blood has been stored prior to the operation for use if the need for a transfusion arises during surgery.

KSDK reporter Chris Condon provided house-keeping employee **Allie Moore** with a happy ending to the Beirut tragedy when he showed her clips of her son, Lovell Moore, a marine who had been injured in the October 23 blast, recovering in his hospital bed in Germany. Mrs. Moore and her daughter, Barnes junior volunteer **Johnnie Mae Moore**, were both interviewed for the station's October 25 newscasts.

KMOX medical and science editor Al Wiman interviewed **Bev Weber**, Burn Center head nurse, for an October 24 segment on Halloween safety.

Dr. **James C. Warren**, Barnes obstetrician/gynecologist-in-chief and head of the WUMS ob/gyn department, was interviewed by KMOX for an

October 21 segment concerning recent studies linking the pill to breast cancer. According to Dr. Warren, the pill can actually be helpful in preventing many forms of breast and ovarian cancer.



Dr. Daniels discusses high blood pressure with WIL's Bob "Wilkie" Wilkinson.

Radio

The October 31 hypertension screening "Don't let high blood pressure scare you" was the take-off point for a live broadcast from Barnes by WIL's Bob "Wilkie" Wilkinson. The broadcast, which began at 5:30 a.m., included interviews with Dr. **Edward M. Geltman**, Dr. **John S. Daniels**, Barnes/WU physician, and volunteer **Barb Schneider**. A record 899 participants were tested during the annual screening.

Print

The November 16 *Cahokia Dupo Herald* featured an article on intraocular lens implants written by public relations staff member Candace O'Connor. Mrs. O'Connor interviewed Dr. **John C. Perlmutter**, Barnes/WU ophthalmologist, and recent patient Nancy Babb for the story.

The hospital's new phone system, which includes more equipment than that required by many small and medium sized towns throughout the midwest, was the subject of a November 10 article in the *St. Louis Globe-Democrat*.

The hospital's Cancer Information Center was the subject of a November 2 feature written by Charlene Bry in the *St. Louis Globe-Democrat*. CIC director **Sally Hermann** was interviewed for the story.

Dr. **Michael J. Gast**, Barnes/WU obstetrician/gynecologist and president of the Missouri Perinatal Association, and Dr. **Laura S. Hillman**, Barnes/WU neonatalist, were interviewed for a series called "Children With Child" that ran in suburban newspapers such as the *South County*, *South Side* and *West County Journals*.

MasterCard, Visa accepted for donations

MasterCard and Visa bank cards may now be used to make contributions to Barnes, according to Jim Hubbard, assistant administrator and director of development. The gifts, which can be made to any of the hospital's funds, including the Auxiliary Tribute Fund, will show up on the donor's monthly statement from the credit card company.

"Many people use bank cards because of the convenience and ease of record keeping," said

Mr. Hubbard. "A donor's purchase is support of the hospital's continued excellence in treating our patients and maintaining Barnes as one of the nation's top ten hospitals. We feel it should be as easy as possible to make a contribution to Barnes and bank charge cards are one method of accomplishing this goal."

Those wishing to use MasterCard or Visa should provide the name of the card holder, card number, expiration date and amount of donation either by mail or by telephone. For more information or to make a donation to the hospital, call the development office at 362-5196.

Cancer Committee updates staff on latest advances

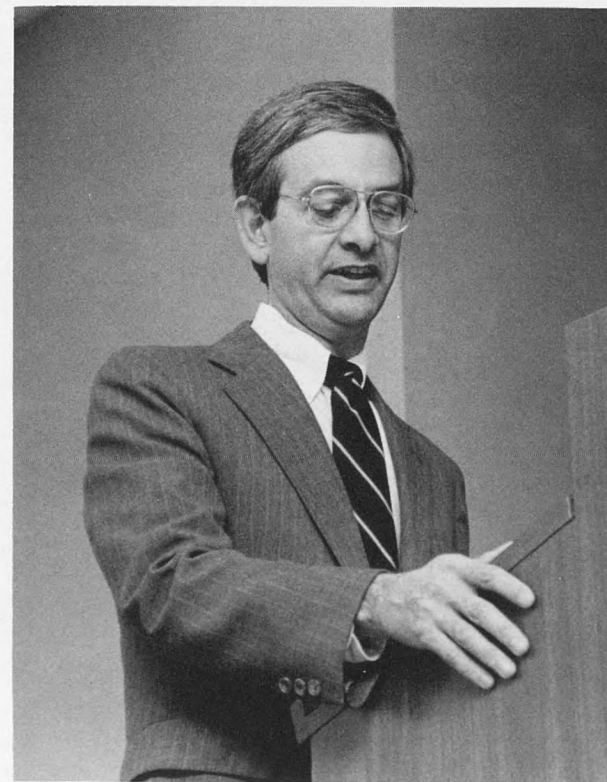
The Barnes Hospital Cancer Committee, a group composed of doctors, nurses, social workers, physical therapists and hospital administrators, has initiated a series of symposiums to update the Barnes community on the latest advances in the diagnosis and treatment of cancer.

The symposiums, which will be held quarterly, are multidisciplinary, including a radiologist, pathologist, surgeon, radiation therapist, chemotherapist and a representative from the Barnes Hospital Tumor Registry.

The updates, according to Dr. William J. Catalona, Barnes acting urologic surgeon-in-chief and chairman of the Cancer Committee, should result in improved patient care as those involved are kept abreast of the most recent trends and findings in cancer diagnosis and treatment.

The first Cancer Update Symposium, which was held November 3, focused on prostate cancer. Moderated by Dr. Catalona, the symposium included presentations by Barnes/WU Drs. Dennis M. Balfe, radiologist; Walter C. Bauer, pathologist; Carlos A. Peres, radiation therapist-in-chief; Jay M. Marion, oncologist, and medical records assistant director and tumor registry program director Judith A. Herron.

Upcoming symposiums on lung cancer, non-Hodgkins lymphoma and breast cancer are now being planned. Dr. John P. Marbarger, Barnes/WU cardiothoracic surgeon, will moderate the symposium on lung cancer, which will be held from 5:30 to 7 p.m., February 15, in the East Pavilion Auditorium. All sessions have been approved for Category 1 continuing medical education credits.



Dr. Catalona opens the hospital's first cancer update for medical center staff.

Gifts to Barnes Hospital

Listed below are the names of persons (honorees in **boldface**) who have made contributions during the period October 7 to November 11 to the funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of our patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Development Office. (Donations through MasterCard or Visa are welcome.) The Auxiliary coordinates the Tribute Fund, which is used for specific hospital projects.

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Pay periods, paydays 1984

Period	Starts	Ends	Payday
1	Dec. 25, '83	Jan. 7	Jan. 13
2	Jan. 8	Jan. 21	Jan. 27
3	Jan. 22	Feb. 4	Feb. 10
4	Feb. 5	Feb. 18	Feb. 24
5	Feb. 19	Mar. 3	Mar. 9
6	Mar. 4	Mar. 17	Mar. 23
7	Mar. 18	Mar. 31	April 6
8	April 1	April 14	April 20
9	April 15	April 28	May 4
10	April 29	May 12	May 18
11	May 13	May 26	June 1
12	May 27	June 9	June 15
13	June 10	June 23	June 29
14	June 24	July 7	July 13
15	July 8	July 21	July 27
16	July 22	Aug. 4	Aug. 10
17	Aug. 5	Aug. 18	Aug. 24
18	Aug. 19	Sept. 1	Sept. 7
19	Sept. 2	Sept. 15	Sept. 21
20	Sept. 16	Sept. 29	Oct. 5
21	Sept. 30	Oct. 13	Oct. 19
22	Oct. 14	Oct. 27	Nov. 2
23	Oct. 28	Nov. 10	Nov. 16
24	Nov. 11	Nov. 24	Nov. 30
25	Nov. 25	Dec. 8	Dec. 14
26	Dec. 9	Dec. 22	Dec. 28

Speaking of health. . . .

- Which would you rather do without?
- Certain types of services for people over 65 years of age?
 - Easy access to 24-hour emergency services?
 - Prompt elective surgery?
 - Up-to-date medicine?

In Sweden, people 65 years of age or older can't receive kidney dialysis or open-heart surgery if they need it. In England, you put your name on a list and may wait two years or more to have non-

emergency surgery done. What if you had to drive past one or two hospitals to receive emergency care, because it was no longer available at every hospital? What if hospitals weren't able to afford the medical technology and procedures we have available today?

This is rationing.

Imagine that the government decided that each week 60 percent of all Americans would be given a food allowance worth \$50. The grocer gives each person food that cost him \$50. But, when he turns in his bills to the government, he gets only \$40 for each person. That is the way government pays hospitals for the care they render to Medicare and Medicaid patients.

Can continued government underpayments lead to rationing? Yes. Hospitals may have to restrict the amount of services they provide to the poor and elderly. Some hospitals may decide that they can no longer provide a full range of services to the community. Some services, which cost the most to provide, may have to be scaled back or discontinued. So the access to health care and hospital services we enjoy today *may* be rationed tomorrow.

If you're concerned about rationing, please take a moment to write to your Representatives and Senators in Congress.

- Sen. John C. Danforth**
497 Russell
Washington, D.C., 20510

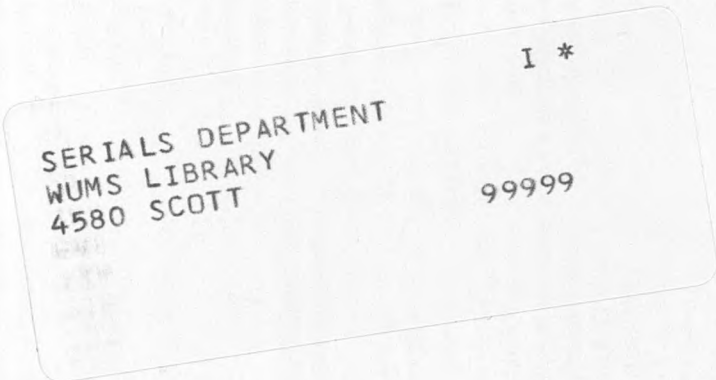
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